

## CLAIM AGAINST ESTATE

IN THE ESTATE OF: \_\_\_\_\_

The Claimant certifies that there is due and owing from \_\_\_\_\_, the decedent, the sum of \$ \_\_\_\_\_ due by reason of \_\_\_\_\_, pursuant to the attached original invoice.

On behalf of the claimant, I do solemnly declare and affirm under the penalties of perjury that the information and representations made herein are true and correct to the best of my knowledge, information and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Signature of Claimant or person authorized to make verification on behalf of Claimant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

STATE of \_\_\_\_\_  
COUNTY of \_\_\_\_\_, to-wit:

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

A filing fee in the amount of **\$25.00** is due upon filing in this office.  
Your claim **will not** be processed if you do not submit the \$25.00 fee.

### FOR OFFICE USE ONLY

Received and Docketed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_  
Assistant to the Commissioner of Accounts